

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91773 008 ***150.00

DOCUMENT # S66453

1. Entity Name
WILLIAMS & COMPANY CONSTRUCTION, INC.



Principal Place of Business
**1541 SW FORTUNE ROAD
PORT SAINT LUCIE FL 34953**

Mailing Address
**1541 SW FORTUNE ROAD
PORT SAINT LUCIE FL 34953**

11040343



2. Principal Place of Business
1374 SE HUFFMAN RA.
Suite, Apt. #, etc.

3. Mailing Address
1152 MAIN ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Port St. Lucie FL 34952
Zip
34952
Country
USA

City & State
SCHROON LAKE NY
Zip
12870
Country
USA

4. FEI Number **65-0271538**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, GUY A.
1541 SW FORTUNE ROAD
PORT SAINT LUCIE FL 34953

7. Name and Address of New Registered Agent

Name **Guy Williams**
Street Address (P.O. Box Number is Not Acceptable)
1374 SE HUFFMAN RA.
City **Port St Lucie** FL Zip Code **34952**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/30/02**

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **WILLIAMS, GUY A.**
STREET ADDRESS **1541 SW FORTUNE ROAD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **DVP** ☐ Delete
NAME **WILLIAMS, DARLENE L.**
STREET ADDRESS **1541 SW FORTUNE ROAD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GUY WILLIAMS **4/30/03** **578.532.9693**

CR2E034 (10/02)